

Lake & Mendocino Counties PSA26



2020-2024 Area Plan for Aging Services



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Section 1 Mission Statement

The Area Agency on Aging of Lake & Mendocino Counties (PSA26AAA) and its Advisory Council follow the core mission statement from the California Code of Regulations (CCR 7302), which sets forth the following tenets:

- Provide leadership and advocacy in addressing issues that relate to older residents of Lake & Mendocino Counties:
- Develop community-based systems of care that provide services which support independence and dignity;
- Protect the quality of life and prevent abuse of older persons and persons with functional impairments; and
- Promote citizen involvement and participation.



LONG-TERM CARE OMBUDSMAN PROGRAM

"Helping Seniors to Live Safely and Independently"

Section 2

Description of the Planning and Service Area

Physical and Demographic Characteristics

Physical Characteristics

Planning and Service Area (PSA26AAA) encompasses Lake and Mendocino Counties, which are situated in the northwest section of the state. These two counties include 43 communities (cities, towns, and rancherias) scattered across 4,767 square miles. The geographic expansiveness of the service area makes assessing needs, planning effective services, and ensuring access to services a challenging endeavor. A concerted effort to reach the most isolated communities is required to conduct an inclusive planning process.

Mendocino County (pop. 88,436)

- R ural area in the north coast region of California, just over 100 miles north of the San Francisco Bay Area.
- The county's vast open space lends to a population density of only 25.1 persons per square mile, as compared to 253.9 for the state of California.
- US Highway 101 runs north/south along the County's inland corridor (approximately 100 miles) linking Ukiah (pop. 15,946), the county seat of government, with Sonoma County to the south, Humboldt and Trinity Counties to the north, and Tehama, Glenn, and Lake Counties to the East. Hwy 20 links Fort Bragg, on the coast, with Lake County and points east.
- Roughly two-thirds of residents live in the interior region. The population center for the northern interior region of the county is Willits (pop. 4,893). Most of the remaining third of the population live on the western side of the Coastal Mountain Range (a 1.5 hour drive from Ukiah) in communities scattered along 90 miles of scenic and isolated coastline. The largest population cluster on the west side of the county is in Fort Bragg (pop. 7,273), the business and service center for the coast.

Lake County (pop. 64,871)

- East of Mendocino County, north of Napa and Sonoma Counties, and west of Yolo, Colusa, and Glenn Counties.
- The county's nine communities are situated along approximately 100 miles of shoreline. With nearly twice the population density of Mendocino County, Lake County has 51.5 people per square mile.
- Highway 20 is the main east/west travel route, connecting Lake County with Mendocino County to the west, with Highway 29 branching southward from the west side of the Lake down to Napa County. Lakeport (pop. 4,855), on the northwest shore of Clear Lake, is the county seat of Lake County. Clearlake (pop. 15,323) is the county's only other incorporated city.

Demographic Characteristics

Ethnic Diversity.

In both counties, Hispanic and Native Americans comprise the largest ethnic group among the older adult community. The 2018 American Community Survey Data shows that 20% of Lake Counties population is of Hispanic or Latino Ethnicity, while 5.2% of the population are American Indian/Alaska Native. In Mendocino County 24.8% of the population is of Hispanic or Latino Ethnicity, while 7.3% of the population is American Indian or Alaska Native. By 2040, the number of Hispanics over the age of 60 will grow 342% to 10,169 and older Native American adults will increase 113% to 1,764. Although these population numbers are small in comparison to some areas, it will be necessary to respond to this growing component of the older adult population by increasing the availability of bilingual and culturally appropriate services.

Income Status.

Median household income for 2014-2018 was \$42,475 in Lake County and \$49,233 in Mendocino County as compared to \$71,228 statewide. The percentage of population below Federal Poverty Level (FPL) is 18.4% in Lake County and 17.5% in Mendocino County as compared to 12.8% for the nation. 2020 Federal Poverty Level is \$12,760 for a one person household. According to the 2018 American Community Survey 5 Year Estimates (U.S. Census), of those 65 years and older in Lake County, 10.1% have income less than the Federal Poverty Level. In Mendocino County, 9.1% have income less than the Federal Poverty Level. According to 2019 Elder Index, the cost of living for a renting single elder is approximately \$25,000/year in the Lake and Mendocino County area. This is approximately 185% of the Federal Poverty Level.

Disabilities.

According to the Center for Disease Control and Prevention, 61 million adults in the United States live with a disability. Disability is especially common in older adults, 2 in 5 adults over the age of 65 and older have a disability. For the senior population 65+ in Lake and Mendocino Counties, over 40% have a disability. The incidence of multiple disabilities doubles from age 65-74 to age 75+, indicating an increased need for in-home systems of care and caregiver support services as our population ages.



NOTE: Please refer to Section 5: Needs Assessment for demographic data.

Resources and Constraints Impacting the PSA 26 Service System

Residents of Lake and Mendocino Counties are fortunate to enjoy rural, small-town living, while being situated barely 100 miles from the San Francisco Bay Area. However, living in a rural/frontier area requires service providers to maximize available resources. Both financial and human capital are often spread thin. Overcoming the challenges presented by a smaller revenue base and the geographic isolation of small outlying communities requires creativity and collaboration within the service network to effectively address the area's needs. Following is a list of the most valuable resources and our most pressing constraints to providing services.

Resources

Centralized Information and Assistance (I&A) Program

- The I&A contractor has a full-time staff person that is dedicated to development and dissemination of an ever-growing clearinghouse of information on services available to older adults in both counties.
- This is a resource used by individuals and agencies throughout Lake and Mendocino Counties. This is key to ensuring their ability to maintain independence and quality of life.
- Local senior centers continue to provide essential information in their local areas using the directory and website created and maintained by the I&A contractor. The website containing links to online service information is available at: www.SeniorResourceDirectory.org.
- The Information and Assistance Specialist for the Area Agency on Aging of Lake & Mendocino Counties (PSA26AAA) is an integral member of our local aging network, available for presentations and with quick answers to often the most obscure questions about older adult needs.

Outreach Services

- This program is designed to fill the gap between where information and assistance stops and case management programs begin.
- Outreach workers at local senior centers conduct home visits and provide older adults with a broad array of supports, including money management, filling out insurance claims or other complicated paperwork, friendly visits, transportation, general information sharing, and screening for depression, as well as many other services.
- The outreach worker takes information and assistance out of the senior center and into the community to help the frail isolated senior, who might not otherwise have someone to assist with complex matters.
- Often clients served by the outreach worker do not qualify for services requiring lowincome status and have limited assistance available to them.



Senior Centers

- There are 12 senior centers serving Lake and Mendocino Counties.
- Seven of the centers contract with PSA26AAA.
- Those that do not contract with PSA26AAA are considered a vital resource for older adults.
- Collectively, the senior centers in Lake and Mendocino Counties serve as community focal points for older adults.
- Services provided include not only outreach to isolated seniors as described above, but also meals (both congregate and home delivered), a delivery point for commodity food stuffs, social activities, opportunities to volunteer, exercise classes, a social connection, and a myriad of opportunities for community involvement.
- The senior center directors are very attuned to the needs of the older adults in their community and make every effort to link individuals with needed services, as well as provide a strong voice for advocacy, both locally and statewide.

Transportation

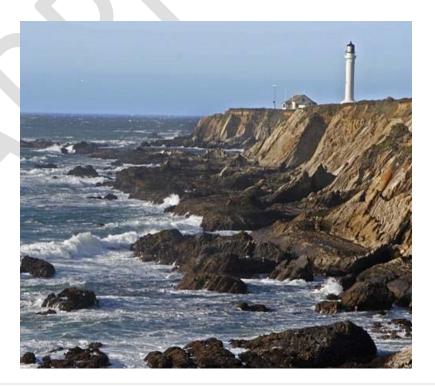
- Both Lake and Mendocino Counties are fortunate to have strong transit authorities who support accessible and affordable transportation options for the area's older adults.
- PSA26AAA staff and Advisory Council members serve on the local transportation planning councils.
 - Mendocino Transit Authority (MTA) provides regular bus routes within Ukiah and Fort Bragg, and limited inter-city bus service between its major communities (Ukiah, Willits, and Fort Bragg) and the south coast communities (Point Arena and Gualala). Most significantly for older adults, MTA also funds specialized transportation for seniors and persons with disabilities through contracts with senior centers in Boonville, Point Arena, Fort Bragg, Willits, and Ukiah, as well as with Long Valley Health Center in Laytonville (north of Willits), for limited transportation to the general public for medical trips. MTA Dial- A-Ride is available in Ukiah, Fort Bragg, and Willits.
 - Lake Transit Authority (LTA) provides regular routes to all of Lake County's major cities and towns, including Clearlake, Lakeport, Lucerne, Upper Lake, Kelseyville, Cobb, and Middletown. This is possible for Lake County because its cities and towns are primarily situated around Clear Lake, making routing easier than in Mendocino County. LTA Dial-A-Ride in Lake County is available in Clearlake, Lakeport, and Lower Lake. Public transportation between Lakeport and Ukiah is available daily. Also, Lake Links provides non-emergency medical transportation, a much-needed addition to the Lake County array of tansportation services.

Constraints

Geography

The broad expanse of territory in Lake and Mendocino Counties (covering nearly 5,000 square miles, as described in Section 2) provides many challenges to clients needing services, as well as the organizations serving them.

- The distance to services for residents in the furthest outlying regions poses a challenge, both in terms of available transportation and cost.
- The larger communities have become as self sufficient as possible, due to their geographic isolation.
- Some areas within Lake and Mendocino counties are prone to extreme weather, requiring the need for emergency preparation during power outages, flooding, and fires.
- Because there are so few people living in the two-county region, it becomes an
 economic challenge, both to meet the cost of doing business and to maintain a client
 base large enough to justify providing any given service.
- Communities on the Mendocino Coast, the northern region of Mendocino County, and isolated communities in Lake County, including Cobb Mountain and Spring Valley, pose a special challenge when designing a service system to meet the needs of all of the residents.



Central Mendocino County Nutrition Services/PSA26AAA Regulations.

Meeting the nutritional needs of the area's seniors is a top priority.

- Two of the area's largest senior centers, both located in central Mendocino County, provide meals, but do not contract with PSA26AAA.
- Plowshares, the Ukiah non-profit serving free meals to homeless and low-income residents in central Mendocino County, also declines this funding.
- While these central Mendocino County community-based organizations provide meals on a regular basis, other than Plowshares, there is no assurance that the lowest income clients will be served a nutritionally-balanced meal free of charge, either in the congregate setting or through home-delivered meals.
- The two primary barriers to any of these agencies contracting with PSA26AAA are funding and regulatory requirements.
- Although PSA26AAA contractors serve nearly 200,000 congregate and homedelivered meals annually, PSA26AAA funds provide less than half the cost for a meal.
- This places a burden on a contracted provider to fundraise for the balance.
- If all of the non-contracted providers contracted with the PSA26AAA, it would strengthen the network of services, but greatly reduce the portion of meal cost covered by PSA26AAA funds.
- In addition to the minimal funding available, the reporting requirements and regulatory compliance issues are cited by each of these contractors as prohibitive to doing business with PSA26AAA.
- Lastly, there is so little funding available for this service, it is cost-prohibitive for the PSA26AAA to step in with a direct-service option.

Funding

- As our global economic crisis deepens, adequate funding to support programs for older adults is becoming more scarce every day.
- Federal and state funds, provided through the California Department of Aging for administrative and program services, provide a small fraction of funding towards the cost of those services.
- If a solution for the central Mendocino County area is identified, it will be accomplished by stretching the existing funds even more.
- Both Mendocino and Lake Counties have provided essential financial support for seniors services.
- However, with declining local revenues, those county funds are diminishing, along with the state and federal monies.
- Grant funds are getting harder to obtain and local donors are giving less.
- Without identifying sustainable, stable funding, the quality and effectiveness of programs serving our older adults are at stake.

Cultural Barriers

The two largest ethnic minorities in Lake and Mendocino Counties are Hispanic and Native American.

- Although their numbers are clearly growing (as evidenced by the demographic data cited earlier), together, they comprise less than 10% of the region's older adult population.
- The cultural differences in communication style, language barriers, and belief systems present barriers to helping these communities access needed services.
- Translating written materials and recruiting adequate staff for interpretation services is imperative.
- A great deal of relationship and trust building with both groups is required.
- Community agencies such as Nuestra Casa and Consolidated Tribal Health are all active partners in the larger social services community.
- As we continue outreach efforts and relationship building with these communities, PSA26AAA strives to find additional ways to partner with them in the provision of services for older adults.

Human Capital

With an average of 35 people per square mile, the challenge of accessing and creating a qualified workforce in area is often a barrier to providing services.

- From In-Home Supportive Services Caregivers to Mental Health Clinicians, recruiting workers for employment in Lake and Mendocino Counties is a tremendous challenge.
- Competitive wages strain employer budgets during the current economic downturn.
- The cost of real estate, while having dropped significantly in value since 2006, remains beyond the reach of many residents.
- Rental property is scarce. The supply of affordable, accessible housing does not meet the demand.
- Lake and Mendocino Counties must find a way to attract and retain a skilled workforce to meet the service needs of the community.

Existing Service System and Community Collaboration

PSA26AAA staff serve as a bridge between programs in both counties for planning and coordinating services, and staff meet with representatives from both counties to collaborate on continued funding and development of transportation for older adults.

- Parallel goals are incorporated into the PSA26AAA Area Plan and leaders in each program are included in the planning process.
- Members of the Advisory Council sit on boards and committees representing a wide variety of services across both counties.
- Collaboration with transportation service providers also ensures older adult needs are included in planning for transportation in both counties.

Both Lake and Mendocino Counties administer:

- Adult Protective Services responds to reports of elder and dependent adult abuse and neglect
- In-Home Supportive Services provides services to low-income elderly and disabled individuals who need assistance in order to remain safely in their own homes
- Public Authorities serves as the employer of record for in-home service providers
- Public Guardian/Conservatorship Programs manages the estates and/ or persons of individuals conserved under the Welfare and Institutions Code and the Probate Code
- Mental Health Divisions actively involved in Mental Health Services Act funded services, including prevention and early intervention, and workforce education and training services.

In compliance with the requirement by the California Department of Aging, a collaborative Disaster Preparedness Plan for PSA26AAA was developed. The plan delineates the resources needed for preparedness, response, and recovery.

- The Area Agency on Aging of Lake & Mendocino Counties takes a leadership role in program development and interagency collaboration.
- PSA26AAA participation ensures services provided in Lake and Mendocino Counties meet the needs of older adults and that services are provided in a highquality manner in accordance with program guidelines and regulations.
- Ongoing monitoring of contracted programs, participation in a broad array of community workgroups, and continued support through technical assistance, community education, and collaboration have helped strengthen the service system in Lake and Mendocino Counties.

With a combination of federal, state and local funding, PSA26AAA contracts with a number of community organizations for the provision of:

- Nutrition Services meal services providing nutritionally-balanced meals, as well as nutrition education, offered through senior centers and home delivery in several communities across the service area.
- Legal Services providing older adults with legal assistance on rights, entitlements, and benefits.
- Alzheimer's Day Care a licensed Adult Day Care that provides Alzheimer's or dementia services.
- Information and Assistance provides older adults with information on and assistance with linking to needed services.
- Outreach Services designated staff at each senior center provide assistance to new clients and help with accessing services.
- Family Caregiver Support supportive services for caregivers to help them learn self care and maintain their ability to care for their loved one at home, including respite.
- Health Promotion and Disease Prevention-evidence based health promotion, physical fitness program

In addition to the contracted services, the PSA26AAA directly provides:

- The Ombudsman Program advocacy for the quality of care and rights of individuals residing in long term care facilities.
- Elder Abuse Prevention -coordination between agencies and the provision of community-based training to raise awareness of elder abuse issues.
- Coordination with Community Partners- PSA26AAA coordinates with a broad array of community partners on issues affecting seniors including, disaster preparedness, elder abuse prevention, caregiver training, caregiver support, transportation, nutrition services, and others.
- Community Education on a wide variety of topics, is also provided as a direct service via guest speaking engagements, media, and training events.



Section 3 Description of the Area Agency on Aging

The PSA26AAA has become known as a supportive, involved member of the aging network in Lake and Mendocino Counties and a strong advocate on senior issues. Staff have worked to become closely acquainted with each contractor and their services through participating at events held at area senior centers, attending board meetings, and working collaboratively with stakeholders to solve problems facing individual contractors and neighborhoods. PSA26AAA takes a leadership role in coordination of services and advocating for older adult services. PSA26AAA ensures older adults' issues are included at the table when discussions occur about program development, funding, and the variety of issues facing the community.

The administrative staff for PSA26AAA is housed within the Lake County Department of Social Services. Across the state, there are a total of 33 AAA's, all of which are responsible to the California Department of Aging, California's State Unit on Aging. At the federal level, the Administration on Aging, headed by the Assistant Secretary for Aging, reports to the Secretary of the Federal Health and Human Services Agency.

- The various components of the National Aging Network create a safety net of services for older adults.
- Extensive use of the Internet provides ready access to laws, regulations, and guidelines, as well as initiatives, technical assistance, and news updates.
- Annual conferences provide networking opportunities and venues for sharing best practices for services provided to older adults.
- Statewide associations, including;
 - California Association of Area Agencies on Aging (C4A);
 - Triple A Council of California (TACC), the California Commission on Aging (CCOA);
 - California Long Term Care Ombudsman Association (CLTCOA);
 - and many others provide a foundation for sharing information and resources on administering programs for older adults.
 - The California Department of Aging conducts monitoring visits to ensure proper administration of programs and are readily available with technical assistance when problems or challenges arise.
- Locally, the PSA26AAA Governing Board has five members. Membership consists
 of one Board of Supervisor member from each county, one representative appointed
 by the Board of Supervisors in each county, and a member-at-large.
- The Advisory Council for PSA26AAA consists of 10 members, with five from each county. PSA26AAA Advisory Council has both standing subcommittees consisting of:
 - Elder Abuse; Legislative Advocacy; Health Promotion; and Nominating.

Section 4 The Planning Process

The Area Agency on Aging of Lake & Mendocino Counties (PSA26AAA) engages in ongoing planning and needs assessment activities throughout each year of the planning cycle established by the California Department of Aging. Development of the Area Plan incorporates the use of information gathered from surveys, community forums, regular discussions at Advisory Council and Governing Board meetings, and review of research and information gathered at various community meetings.

PSA26AAA staff participate in planning processes for transportation, local government, mental health, and other areas as appropriate. Public meetings include participation from a broad array of service providers - both contracted and non-contracted - from throughout the Planning and Service Area (PSA). Annually, PSA26AAA holds public hearings. These public hearings generally include presentation of the annual update to the Area Plan. Adequate proportions, use of funds for program development and coordination, updates on plan goals and objectives and service unit allocations information are included in the presentation. Comments gathered during the public hearings are incorporated into the plan and submitted to the California Department of Aging.

Planning activities leading up to the presentation of the final draft of the area plan include a written community survey, based on the criteria set forth by the CDA, at least once every planning cycle. Topic-specific surveys are conducted as appropriate. Community forums are held in every Area Plan cycle, to maintain close contact with each community. Ongoing research and comparison of best practices also assists staff in remaining abreast of the most current information available, for ongoing support and development of new programs.



Section 5 Needs Assessment

Introduction

The Older Americans Act (OAA) and California Code of Regulations Title 22 requires Area Agencies on Aging (AAA) to determine the extent of need for supportive services, nutrition services and multi-purpose senior centers when developing area plans, and to evaluate the effectiveness of resources in meeting these local needs. Each AAA must assess the need for services and develop and implement an area plan for delivery of services based on those needs. Area Plan goals and objectives are based on public input and data resources specific to Lake and Mendocino Counties.

To achieve this requirement, PSA26AAA conducts a mandated needs assessment; a systematic process for collecting, analyzing, and interpreting timely information on local service needs of the client population. This population includes targeted senior groups with the greatest economic and social needs, as well as those with severe disabilities. The identification of needs addressed in this 2020 needs assessment profile was obtained through public hearings, a review of related external reports and surveys, and demographic data obtained through the U.S. Census Bureau and California Department of Finance. The development of the mandated 2020-2024 Area Plan will reflect the information gleaned from this process.

Additionally, ongoing review of data and subsequent surveys will be used in annual updates to keep the information current and future planning efforts relevant. The needs assessment process employed by PSA26AAA was systematic and comprehensive. The process was open and inclusive of input from all appropriate entities. It involved persons representative of the community's full demographic profile.

Title 22 outlines the purpose for conducting a needs assessment, which is to identify:

- Target populations
- The types and extent of existing and potential needs of older individuals in the PSA

Title 22 also lists the minimum contents of the needs assessment, which includes:

- An analysis of the Department of Finance Census Tables or data from the U.S. Census Bureau
- A review of data obtained from other social service agencies that provide services to older individuals
- Completion and analysis of a sample survey of older individuals

Methodology

The Area Agency on Aging of Lake & Mendocino Counties' (PSA26AAA) community survey was a random sample collected from a broad selection of seniors with the goal of representing the population at large and attempting to capture accurately the characteristics of the population involved and objective information concerning unmet needs. It included persons who participate in services provided by PSA26AAA as well as those that do not. Respondents were drawn from throughout Lake and Mendocino Counties. The questions contain the minimum data set of six factors (age, race, ethnicity, educational background, income level, perceived needs) required by the California Code of Regulations, Title 22, Article 3, §7300.

Process

From February 1st to February 28th, 2020, PSA26AAA conducted the written needs assessment. Distribution was accomplished through focal points including senior centers, senior service providers, and key contacts. The survey was available on the PSA26AAA website for printing and submission by mail or Internet completion (via link on the web site). 1,170 Surveys were distributed in paper form, there was a total of 210 completed surveys received, 194 in printed format and 16 completed online.

Highlights

The most significant findings related to older adults are identified through the needs assessment process. The 65+ senior population is projected to increase from 291,651 in 2010 to 431,963 in 2040 in the State of California. The Hispanic/Latino 60+ population is projected to increase by 342% over the next 25 years from 2,299 in 2010 to 10,169 in 2040. More than 60% of the population 65+ in PSA26AAA have a disability. Over the age of 65, there is one suicide for every 4 attempts.

Top 10 Problems

Goals and objectives included in the 2020- 2024 PSA26AAA Area Plan focus on addressing the issues listed below and those identified in the public hearings. All of the problems identified are complex in nature and most will be included as goals and objectives in future planning efforts.

Top 10 problems will be addressed both directly and in collaboration with community partners in our efforts to determine the best way to meet the needs of our areas seniors.

- Accidents in/out of home,
- Health care.
- Crime,
- Money to live on,
- Energy/Utilities,

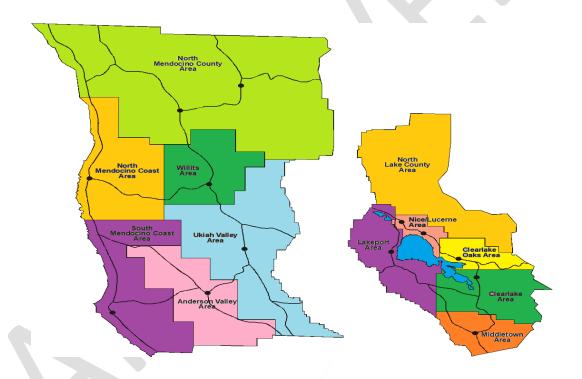
- Receiving services/benefits,
- Obtaining information about services/ benefits.
- Household chores,
- Depressed mood
- Lonliness

Demographics

Demographic data is the most "objective" of all data sources. It can gauge the vulnerability of the population and may indicate service needs. Among factors considered are: age, gender, ethnicity, marital or living status, education, perceived need, income/poverty, disability, isolation, source of income, etc.

Land Area: 4,767 square miles

Density: 32 residents per square mile



Age

The population in Lake and Mendocino Counties is growing older, living longer and becoming more culturally varied. The increase in senior population can be attributed to increasing life span and the aging of the "Baby Boomer" generation.

PSA26AAA has a higher percentage of seniors than the US and California averages, and this is projected to increase between now and 2040. This, plus growth in the diversity of cultures, will present unique opportunities and challenges in the future.

Population

When setting priorities in the Area Plan, the uniqueness of Lake and Mendocino Counties' population must be taken into consideration as having an impact on services delivered.

Projections for Lake & Mendocino Counties								
	2010 2020 2030 2040 Incre 2010-							
	152,813	151,840	153,883	154,314	0.98%			
Population 65+	27,831	31,786	39,069	35,068	20.63%			
Population 85+ 3,383 3,373 5,252 7,989 57.65%								

Source: CA Department of Finance, Demographic Research Unit, California Department of Finance, January 2020

Population Totals								
	United States	California	Lake County	Mendocino County	PSA26			
Total Population	322,903,030	39,148,760	64,418	88,436	151,840			
Population 65+	49,238,581	5,315,457	13,941	17,845	31,786 20.93%			
Population 85+	6,205,483	701,570	1,375	1,998	3,373 2.2%			
Source: 2014-2018	American Community Surve	ey 5-Year Estimates, U.S. Cer	nsus					

Population Projections By Ethnicity for Lake and Mendocino Counties								
	2010	2020	2030	2040	Difference 2010-2040			
White	108,629	102,162	96,717	89,996	-18,633			
Hispanic	30,788	37,795	42,897	49,252	+18464			
Native American	5,059	5,421	5,993	6,623	+1564			
Black	1,741	2,067	2,328	2,586	+845			
Asian/Pacific Islander	2,156	2,313	2,487	2,609	+453			
Other	4,244	3,369	3,268	3,031	-1213			

Source: CA Department of Finance, Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000–2050.

Race and Ethnicity

In both counties, Hispanic and Native Americans comprise the largest ethnic group among the older adult community. In response to this growing component of the older adult population, there will need to be increased availability of bi-lingual and culturally- appropriate services.

	Race								
	Lake County	Mendocino County							
White	80%	88%							
Black/African	3%	2%							
American									
American	5%	7%							
Indian/Alaskan Native									
Asian/Pacific Islander	2%	3%							
Other/Multiple	13%	5%							
Ethnicity									
Hispanic or Latino	20%	25%							
Not Hispanic or Latino	80%	75%							

Poverty

When considering the population of all age groups, 18% of Lake and Mendocino Counties' residents had an income at or below poverty levels during the past 12 months. This somewhat higher than federal and state poverty levels.

Senior poverty levels in PSA26AAA are at 12%, which is substantially higher than the state and federal averages for the 65+ age group, the federal figure is 9% and the California figure is 10%.



The California Elder Economic Security Standard Index

The Elder Index measures how much income is needed for a retired adult age 65 and older to adequately meet his or her basic needs including housing, food, out-of-pocket medical expenses, transportation, and other necessary spending. For an elderly renter living alone in Lake and Mendocino counties, the 2019 Elder Index is approximately \$25,000/year.

Population With Income Below Poverty Level								
United States California Lake County Mendocino County PSA26								
Residents All Ages Below Poverty Level	13%	13%	18%	19%	18%			
Residents 65+ Below Poverty Level	9%	11%	13%	11%	12%			

Source: 2014-2018 American Community Survey 5 Year Estimates, Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months, U.S. Census

- As measured by the Elder Index, 63% of all elders age 65+ do not have enough income to meet their most basic needs. That's over 16,000 seniors struggling to make ends meet in these counties.
- In contrast, according to the Federal Poverty Level (FPL), only 9.4% of elders in Lake and Mendocino Counties are considered "poor," with annual individual incomes below \$12,760.00.
- A large number of other elders (53%) fall into the "hidden poor" with incomes above the FPL but below the Elder Index. These seniors don't have enough money to cover their most basic needs, but have too much to qualify for many public programs.
- The gap between seniors' basic living expenses and their income illustrates the degree of economic instability that many elders experience. The Federal Poverty Guideline is based on an unrealistically low assessment of what it costs to live.
- The average Social Security payment is not enough to live on, yet it is the largest source of income for most elderly Americans today.
 - SSI, the program designed to help the most vulnerable the blind, aged and disabled - puts that population far below what it really costs to live.



Elder Index

The Elder Index is produced by the Insight Center for Community Economic Development.

Elder Index for Lake County

Lake County, CA RENTER The Elder Index is: \$24,600/ year This is 97% of the national average of \$25,416	
Miscellaneous (Single)	\$302
Food (Single)	\$257
Transportation (Single)	\$253
Good health	\$503
Housing (Renter)	\$735
Monthly Total	\$2,050

Elder Index for Mendocino County

Mendocino County, CA RENTER The Elder Index is: \$25,560/ year This is 101% of the national average of \$25,41	6
Miscellaneous (Single)	\$302
Food (Single)	\$257
Transportation (Single)	\$253
Good health	\$503
Housing (Renter)	\$815
Monthly Total	\$2,130

NOTE: For more information on the California Elder Economic Security Standard, visit: http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/elder-index- data/Pages/elder-index-data.aspx

Disabled Senior Population

As in California and the rest of the United States, the number of frail and functionally impaired seniors continues to grow along with the aging population base. This affects the allocation of available resources, emphasizing the need for care management, medical services and information & assistance services.

65+ Population With Disabilities									
	US		Califo	rnia	Lake C	County	Mendo Cou		PSA26
— Population 65+	51,1 37,346		39,062,465		14,632		18,763		20,278
Population 65+ with disabilities	17,3 29,760	35.95%	1,869,055	35.75%	5,646	41.15%	5,386	30%	35.57%

In Lake and Mendocino Counties, 35.57% of the seniors have a disability. The probability of having more than one disability nearly doubles from age 65-74 to age 75+. The increased incidence of disabilities in the 75+ population indicates an increased need for in-home systems of care and caregiver support services as our population ages.

65+ Population by Number of Disabilities							
California Lake County Mendocino County PSA26							
w/One	65-74 Years	1.01%	1.89%	2.25%	2.07%		
Disability	75+ Years	5.92%	1.72%	1.41%	1.56%		
w/Multiple	65-74 Years	0.88%	3.11%	1.37%	2.24%		
Disabilities	75+ Years	1.87%	2.14%	1.18%	1.66%		
Disabilities	75+ Years Community Survey 1-Year		,		1.		

Disability types include vision, hearing, ambulatory, cognitive, independence (physical, mental or emotional condition lasting six months or more that make it difficult to go outside the home alone to shop or visit a doctor's office) and self-care (physical, mental or emotional condition lasting six months or more that make it difficult to dress, bathe or get around inside the home).

Disability by Type in 65+ Population							
California Lake County Mendocino County PSA26							
Vision	6.1%	7.1%	6.2%	6.65%			
Hearing	13.4%	16.6%	14.9%	15.75%			
Ambulatory	21.7%	24.5%	12.8%	18.65%			
Cognitive	9.4%	8.2%	4.4%	6.3%			
Independence	16.1%	18.2%	10.5%	14.35%			
Self Care 9.7% 18.6% 2.5% 10.55%							
Source: 2018 American Community Su	ırvey 1-Year Estimates, Dis	ability Characteristics,	U.S. Census				

LGBT Issues

Senior lesbian, gay, bisexual and transgender issues related to social support networks, retirement, long-term care and end-of-life needs have been identified by PSA26AAA as areas of concern. They reflect certain unique family structures and gender role differences.

Information about sexual orientation or sexual preference is not usually included in large-scale government surveys such as the US Census. These surveys have not typically included questions about sexual preference or sexual identity.

One question in the PSA26AAA 2020 Senior Needs Assessment Survey asked the respondent to rate how Lesbian/Gay/ Bisexual/Transgender services "may be a concern to you" or affected their quality of life. 92.31% of the respondents answered "Not Concerned", 3.55% responded "Somewhat Concerned" and 0.59% answered "Very Concerned".

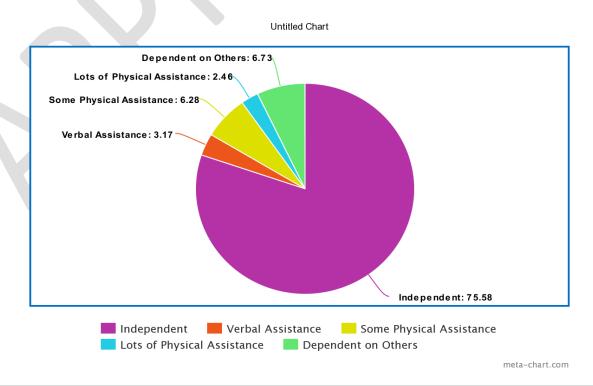
According to Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE), the population of LGBT citizens of the United States are expected to double by the year 2030. Research also shows that less income and higher levels of poverty affect LGBT elders because of vulnerability to employment discrimination, lack of access to marriage, higher rates of being uninsured, gender and racial inequalities, less family support and family conflict over coming out. LGBT elders are twice as likely to be single and three to four times more likely to be without children than their heterosexual peers. These statistics are relevant when considering that 80% of long-term care in the U.S. is provided by family members



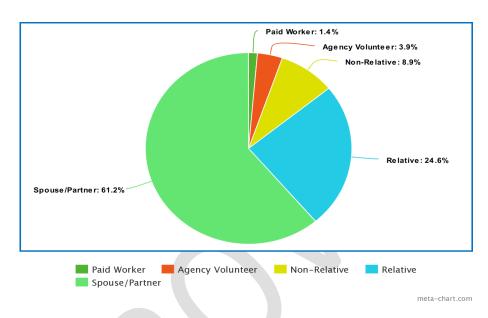
Survey Findings

	Independent	Verbal Assistance	Some Physical Assistance	Lots of Physical Assistance	Dependent on Others	Total Responses
Eating	91.62%	1.05%	3.66%	1.05%	2.62%	191
Bathing	84.38%	3.13%	5.73%	2.08%	4.69%	192
Toileting	92.02%	0.53%	4.79%	0.53%	1.06%	186
Get In/Out of Bed	89.53%	3.14%	4.19%	0.52%	1.05%	188
Walking	75.13%	4.66%	15.03%	2.07%	3.11%	193
Dressing	85.49%	2.59%	8.29%	2.07%	1.55%	193
Meal Preparation	7.44%	3.65%	8.85%	4.17%	10.42%	193
Medication	82.20%	4.71%	2.09%	2.62%	6.81%	188
Money Mgmt.	81.25%	4.69%	3.13%	1.56%	10.42%	194
Using the Phone	84.29%	5.24%	3.66%	1.05%	4.71%	189
Housework	59.28%	3.09%	12.37%	9.79%	14.95%	193
Transportation	74.35%	1.57%	3.66%	2.09%	19.37%	193
Skipped Questions			11	L		

Above is a list of activities that are difficult for some people, below is a series of charts that shows how difficult each activity is and who assists with it, if appropriate.

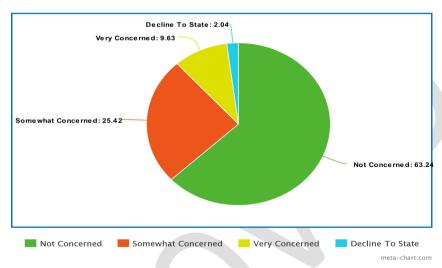


Below is a chart that shows the results of who assists with the activity



	Not Concerned	Somewhat Concerned	Very Concerned	Decline To State	Total Responses	
Accidents in/out of home	34.62%	46.70%	17.03%	1.65%	182	
Crime	56.35%	30.39%	12.15%	1.10%	181	
Depressed Mood	62.30%	30.60%	6.01%	1.64%	184	
Employment	81.14%	12.00%	4.57%	2.86%	176	
Energy/Utilities	52.57%	30.86%	16.00%	1.71%	177	
Healthcare	45.30%	30.39%	22.10%	2.76%	182	
Household Chores	55.00%	31.67%	11.11%	2.22%	180	
Housing	81.11%	11.67%	6.11%	1.67%	181	
Isolation	68.16%	22.35%	8.38%	1.68%	180	
Transportation	66.48%	24.02%	8.94%	1.12%	180	
Legal Affairs	71.11%	22.22%	4.44%	2.78%	181	
Loneliness	60.67%	26.40%	10.67%	2.25%	178	
Money to live on	57.54%	27.93%	13.41%	1.68%	180	
Info on services/benefits available	62.15%	29.94%	6.78%	1.13%	177	
Taking care of another person	65.12%	26.16%	5.81%	2.91%	172	
Finding LGBQT Services	92.31%	3.55%	0.59%	3.55%	169	
Skipped Questions	20					

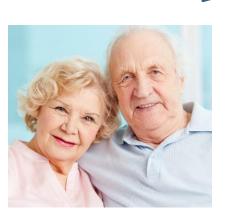
Above is a list of issues/conditions/concerns which could affect an individual's quality of life, below is a chart that shows the results



This is a concern because

I don't have much, no money to pay for in home help or assisted living

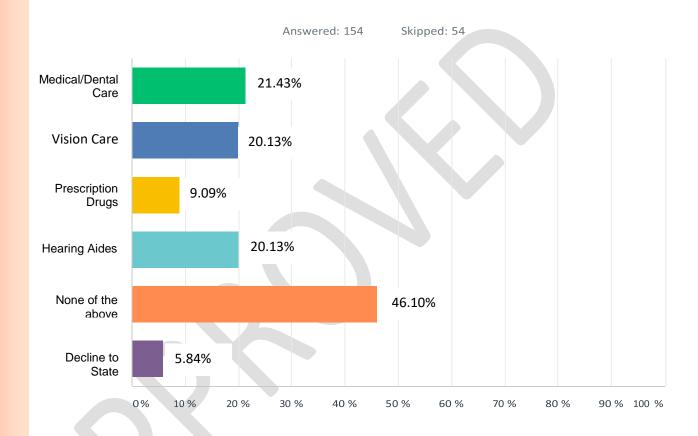
We might fall and not be able to get up without help Fear of falling and breaking bones



No money for food, services, travel, and the cost of living is going up

Alone a lot of the time, no friends

Although needed, respondents reported they are unable to afford





Section 6

Targeting

Title 22 of the California Code of Regulations § 7310 states that Area Agencies on Aging must target services and outreach efforts to older individuals with the following characteristics:

- Who reside in rural areas;
- Who have greatest economic need, with particular attention to low- income minority individuals;
- Who have greatest social need, with particular attention to low- income minority individuals;
- With severe disabilities;
- With limited English-speaking ability; and
- With Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals."

Resource Directories for each county are translated into Spanish, to reach the area's largest population of non-English speaking older adults. A special outreach effort for expanding the number of caregivers served is under way including community education events and public information announcements.

Both Latino and Native Americans, the PSA's largest minorities represented, are solicited for representation on the PSA26AAA Advisory Council when openings are available. PSA26AAA staff participate in collaborative networking with representatives of several local tribes, to engage in relationship building and help identify needs of local Native American elders.

Adult Day Care centers are funded in each county. These centers serve as a focal point for services for caregivers and family members who have a loved one with Alzheimer's disease or dementia. Contracted centers are participating in the special outreach effort to increase the number of caregivers served. Community education and training events focusing on this topic are offered each year. Additionally, PSA26AAA staff are engaged in coordinating training events with other community partners.

The large geographic area encompassed by Lake and Mendocino Counties, presents a challenge for reaching the most geographically- isolated, frail, low-income older adults. To assist with identifying clients in need of services in the far corners of our two counties, a special outreach program with staff located at each senior center has been established. The outreach workers reach out to clients who are unable to come into the centers for assistance.

Protecting older adults, promoting healthy aging and supporting healthy nutrition for the areas low-income, ethnic minorities and geographically-isolated residents presents the greatest challenge to the service system to date. To meet this need, the PSA26AAA and its Advisory Council will be focusing all activities on these specific areas.

Section 7

Public Hearings

The purpose of the public hearing is to solicit comments from the community on the Area Plan and present the Area Agency on Aging of Lake & Mendocino Counties' (PSA26AAA) methods for developing the Area Plan. CCR Title 22, Article 3, Section 7302(a) (10) and Section 7308; OAA 2006 306(a) requires that the Area Agency on Aging (AAA) must conduct at least one public hearing during each year of the four-year planning cycle.

	Public Hearings Conducted for the 2020-2024 Planning Period									
Fiscal Year	Date	Location	Number of Attendees	Languages	Was Hearing Held at a Long-Term Care Facility**					
2020- 2021	2/7/2020	747 S. State St Ukiah, CA 95482	8	No	No					
2021- 2022										
2022- 2023										
2023- 2024										

^{*}A translator is not required unless the AAA determines a significant number of attendees require translation services.

- 1) Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 - a. Staff announces the hearing 30 days prior through various means including; AAA website; flyers; radio; and outreach to community partners
- 2) Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
 - a. Not Applicable, PD and/or C funds are not used (skip to #4)
- 4) Attendees were provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for Priority Services. a.Yes
- 5) Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
 - a. discussion of changing adequate proportion; proposal to change service unit contract
- 6) List any other issues discussed or raised a the public hearing.
 - a. How to reach more seniors during the 2020 census
- 7) Note any changes to the Area Plan which were a result of input by attendees.
 - a. Increase home delivered meal service unit requirements by 10% and decrease congregate requirements by 10%

^{**} AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

Section 8 Identification of Priorities

Each Area Agency on Aging (AAA) is required, through the Older Americans Act and Title 22, to establish specific priorities for program development and service delivery to best meet the needs in the local planning and service area. The needs assessment process described in this document and subsequent analysis have contributed to our understanding of local need.

Other factors considered in the identification of priorities include available resources, administrative resources and constraints, and the population distribution. Additionally, targeting criteria described in Section 6 of this document, as well as adequate proportion requirements have been considered in developing goals and objectives for this planning cycle.

Adequate Proportion

PSA26AAA identifies the distribution of funds across categories, through its needs assessment process, and discussions occurring at the public hearing for the Area Plan. Adequate Proportion assignment cannot be changed without engaging the public hearing process. PSA26AAA will be using the same distribution of Title IIIB funds for Adequate Proportion as set forth in the previous planning cycles. The distribution is as follows:

Access (Outreach, Information and Assistance) 57.85%

• "In-Home" (Alzheimer's Day Care) 10.5%

• Legal Assistance 29%

Specific areas of focus for PSA26AAA include:

Elder Abuse Prevention

Nearly half of the referrals for adult abuse are for self-neglect. Financial abuse is on the rise. Long term care facilities struggle with staffing shortages which can lead to inadequate supervision and reduced quality of care for residents. The Long-Term Care Ombudsman Program, PSA26AAA and its Advisory Council play a key role in raising community awareness of elder abuse and the need for having a prevention focus. The Long-Term Care Ombudsman Program, operating as a direct service of PSA26AAA visits long-term care facilities, responding to complaints of abuse and neglect and advocating for the rights of long-term care residents. Coordination with community partners on abuse issues through multi-disciplinary teams in both counties, facilitation of the Elder Abuse Prevention Collaborative and hosting community education events contribute to a healthy abuse free community for seniors.

Ensuring Adequate Nutrition

The economic crisis has created a more urgent need to focus on the provision of adequate nutrition for seniors.

Helping People Stay Safely in Their Own Homes

Outreach workers, home-delivered meals, case management, caregiver support, adequate transportation and the variety of other services offered through the aging network help people stay in their own homes and prevent institutionalization. PSA26AAA is dedicated to working with community stakeholders to improve access to services and increase effectiveness of the services offered to help seniors stay safely in their homes.

Promoting a Healthy Community

Providing education and training on staying healthy and active are vital to healthy aging. PSA26AAA and its Advisory Council are dedicated to promoting healthy aging in our communities. Healthy aging will not only improve the quality of life for seniors and their caregivers who reside in Lake and Mendocino Counties, but can also reduce the burden on social and medical services later in life.

Family Caregiver Support Program

When serving caregivers, priority shall be given to caregivers who are older individuals (60 years of age or older) with the greatest social need and greatest economic need (with particular attention to low-income). If serving caregivers of individuals with Alzheimer's disease or related disorders, priority shall be given to those caring for older individuals (60 years of age or older). The above-mentioned focus areas are addressed in the following goals and objectives. Additionally, the goals and objectives reflect activities intended to mitigate constraints to services identified previously in this document, while focusing on target populations, as required by law, and emphasizing program development and support for areas identified in the needs assessment process. The area's resources and current funding limitations have also been taken into consideration.

Section 9

Area Plan Narrative Goals and Objectives

CCR Article 3, Section 7300(c)

Goal Number 1: Improve The Health And Well-Being Of Older Adults In Lake and Mendocino Counties

		Projected Start and End Dates	Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status
1 a	Coordinate health promotion/ disease prevention efforts within the older adult service community and support community education to groups of older persons, their families, friends, and community organizations serving them.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council	Coordination	 Support coordination of community-wide health promotion activities including fall prevention. Share health promotion information with all Outreach workers through meetings. Advocate for improved benefits and rights of older adults on legislation related to older adult health promotion. 	
1b	Collaborate with community partners on the prevention of elder abuse.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council, Long- Term Care Facilities, Adult Protective Services, Public Authorities, IHSS Advisory Committees, Multi-Disciplinary Team (MDT)	N/A	 Participate in Elder Abuse Prevention Committee meetings and activities. Advocate for legislation related to elder abuse prevention. Annual elder abuse prevention conference for professionals and paraprofessionals in relevant fields on the identification, prevention and treatment of elder abuse. 	
1c	Coordinate disaster preparedness planning within the older adult service community.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council, County OES, senior centers and other Community Based Organizations serving older adults	Coordination	 Meet with County OES and the older adult service community to assess level of preparedness. Assist non OAA service providers to develop agency disaster preparedness plans. Provide Outreach workers with materials to educate older adults on home disaster preparedness. Review/Update Emergency Action Plan 	

Goal Number 1: Improve The Health And Well-Being Of Older Adults In Lake and Mendocino Counties

	Objective Proj Star End		Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status	
1d	Increase the percentage of older adults who have adequate health care insurance.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council, HICAP, Advisory Council Legislative Advocacy Committee	N/A	 Maintain communication with HICAP staff by continuing to participate in HICAP meetings and inviting them to PSA26AAA meetings. Assist HICAP to recruit and train volunteers in all areas of the PSA. Identify a liaison to monitor and report on older adult service provider satisfaction with HICAP services in the PSA. Advocate for legislation related to adequate health care benefits for older adults. Provide Outreach workers with materials to educate older adults on HICAP 		
1e	Identify and assist older adults who have mental health issues related to dementia (e.g. anxiety and paranoia) and participate in community education for the purpose of promoting mental health.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council, senior center outreach workers, Multi- Disciplinary Team (MDT), Adult Protective Services, Long-Term Care Ombudsman	N/A	 Distribute educational materials on how to identify common mental health issues associated with dementia, and how to access resources available to assist older adults who have these issues. Attend community education for medical providers, caregivers, and older adult services staff on promoting mental health in older adults. Coordinate with new APS and Mental Health staff to train Outreach workers at each senior center on how to identify dementia and related mental health issues and how to refer to available resources. 		

Goal Number 1: Improve The Health And Well-Being Of Older Adults In Lake and Mendocino Counties

	Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status
	Identify and assist isolated older adults who have inadequate access to needed services through public information, community education and outreach activities.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council senior center outreach workers, PSA26AAA Contractors, community based organizations	N/A	Public Information Promote the availability of home-based senior services including Senior I&A as the point of contact. Disseminate information to caregivers and non-isolated older adults encouraging them to think about friends, relatives, or neighbors who could benefit from a referral to the local outreach program. Community Education Conduct community education to increase awareness of challenges older adults experience in accessing services. Outreach Include provisions in all outreach contracts that outreach workers will contact (by phone or in-person) isolated older adults who are referred by the program (e.g. by Senior I&A). Facilitate coordination between outreach program and Meals on Wheels to increase program information.	
1	Increase the number of older adults who participate in Senior Center socialization opportunities.	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council, senior centers	N/A	 Encourage senior centers to solicit information from participants and those 60+to better understand need. Work with the Senior Centers without Walls program, Friendship Line and other similar programs. Encourage social, recreational, and cultural organizations, and other community groups to actively engage seniors to participate in their activities and programs. 	

Goal Number 1: Improve The Health And Well-Being Of Older Adults In Lake and Mendocino Counties

	Objective	Projected Start and End Dates		Title IIIB Funded PD or C	How	Update Status
1	Coordinate with community partners on ensuring adequate affordable housing for seniors, and supportefforts to resolve and prevent homelessness of seniors and other populations.		PSA26AAA staff, Senior Centers, AAA Advisory Council	N/A	Support coordination of efforts to provide and fund affordable housing Advise developers and service providers on the need for affordable and accessible housing for seniors Advise and partner with other organizations focused on resolving homelessness	
1	Provide information to older adults on preventive health care topics such as immunizations, misuse of alcohol or other drugs, and fall prevention.	July 2020 to June 2024	PSA26AAA staff, Senior Centers, Aging Network, Health Promotion Subcommittee	N/A	 Coordinate with local resources (e.g. retired health care providers) who are willing to give educational presentations to older adults. Provide information on available services and health issues at events within the PSA. Collect samples of senior service providers' favorite handouts on older adult health topics; copy or order additional copies for other providers. Provide outreach workers with materials to educate older adults on preventive health care. Produce quarterly newsletter with information on available services, and educational information on preventive health care. 	

Goal Number 1: Improve The Health And Well-Being Of Older Adults In Lake and Mendocino Counties

Rationale: Healthy aging will contribute to the quality of life for older adults in Mendocino and Lake Counties. Keeping people safe, healthy and connected will promote health and well-being.

	Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status	
1j	Provide evidence-based Title IIID health promotion and disease prevention program that meets the following criteria: 1) Have demonstrated through evaluation that they are effective for improving the health and wellbeing or reducing the disability and/or injury among older adults. 2) Have been proven effective with the older adult population, having used an Experimental or Quasi— Experimental design. 3) Have research/evaluation results that have been published in a peer-reviewed journal. 4) Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting. 5) Includes program manuals, guides, and/or handouts that are available to the public.	July 2020 to June 2024	Certified instructor, PSA26AAA contractors, PSA26AAA Advisory Council	N/A	Tai Chi for Arthritis will be a program taught by a certified instructor targeting adults with or without arthritis, rheumatic diseases or related musculoskeletal conditions. The program is intended to improve movement, balance, strength, flexibility, and relaxation. Tai Chi for Arthritis is on the National Council on Aging (NCOA) chart of Highest Tier Evidence Based Health Promotion/Disease Prevention Programs. Encourage other organizations to develop activities and programs that promote healthy living and disease prevention for seniors.		

Goal Number 2 - Strengthen the Service Delivery System for Older Adults and Their Caregivers Living in Lake and Mendocino Counties

Rationale: An efficient service delivery system will promote healthy aging for older adults and their caregivers in Lake and Mendocino Counties.

	Objective	Projected Start and End Dates	Persons or Groups Responsible	Title IIIB Funded PD or C	How	Update Status
28	Coordinate with other community based organizations to provide increased and enhanced educational opportunities for caregivers	July 2020 to June 2024	PSA26AAA staff, AAA Advisory Council Redwood Caregiver Resource Center, Public Authority, Adult Protective Services, Long- Term Care Ombudsman	Coordination	 Participate regular meetings with interested parties to avoid duplication of events and co-plan whenever appropriate. Create and maintain annual list of trainings with content description. 	
2k	Increase awareness on caregiver issues through outreach activities to caregivers to help improve self care and identification of needs	July 2020 to June 2024	PSA26AAA staff, AAA Advisory Council, Redwood Caregiver Resource Center, Community Care Public Authorities ,Long-Term Care Ombudsman	N/A	Conduct trainings for outreach workers and other community-based organizations and groups. Distribute information on caregiver issues.	
20	Improve access to services for Spanish speaking older adults by increasing availability of bilingual resources and services	July 2020 to June 2024	PSA26AAA staff and Advisory Council, Nuestra Casa,	N/A	 Translate materials for program outreach. Insure access to the use of interpreters as appropriate. Identify Latino community focal points and distribute program materials. 	
20	Recruit and train Ombudsman Volunteer Representatives as necessary	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council and Long-Term Care Ombudsman Coordinator	N/A	Release public service announcement. Announce at all appropriate meetings. Schedule training.	
2€	Support growth of local Alzheimer's day care options	July 2020 to June 2024	PSA26AAA staff, PSA26AAA Advisory Council, community based organizations	N/A	Allocate funds to local Alzheimer's day care programs for support and expansion of services. Promote use of Alzheimer's day care programs as respite for caregivers.	
21	Coordinate with other organizations to support the growth of senior-friendly transportation access to services	July 2020 to June 2024	PSA26AAA staff, AAA Advisory Council, Lake Links, Lake Transit, Mendocino Transit, Senior Centers, medical providers, other community and transportation organizations	Coordination	Help disseminate information about transportation options to seniors Transportation referrals between agencies Support volunteer driver recruitment and fund-raising efforts	

Goal Number 3 - Maximize Available Funding and Program Capacity to Ensure the Greatest Possible Support for Older Adults Living in Lake and Mendocino Counties

Rationale: Ensuring creative program expansion through building on existing programs and developing relationships with new community partners to broaden support for older adults will contribute to a healthy community.

	Objective	Projected Start and End Dates	Responsible	Title IIIB Funded PD or C	How	Update Status
3	Develop and enhance relationships with community partners in the business community (including casinos)	July 2020 to June 2024	PSA26AAA staff and PSA26AAA Advisory Council	N/A	 Identify partners. Educate partners about services and senior issues. Invite/recruit partners to participate on Advisory Council and in events. 	
3	Explore PSA26AAA funding opportunities	July 2020 to June 2024	PSA26AAA staff and PSA26AAA Advisory Council	N/A	 Identify interested parties. Raise funds to assist in printing Resource Directories for Older Adults. Explore community foundation opportunities for funding. 	
3	Increase publicity for Adult and Aging programs	July 2020 to June 2024	PSA26AAA staff, Long- Term Care Ombudsman Program, PSA26AAA Advisory Council, contracted service providers.	N/A	 Conduct community education. Maintain agency website. Public Service Announcements. 	

Section 10 Title III/VII Service Unit Plan (SUP) Objectives

CCR Article 3, Section 7300(d)

	Title IIIB	and Title IIIC - NAPIS	
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
1. Personal Ca	re (In-Home)		Unit of Service 1 hour
2020-2021			
2021-2022			
2022-2023			
2023-2024			
2. Homemaker			Unit of Service 1 hour
2020-2021			
2021-2022			
2022-2023			
2023-2024			
3. Chore			Unit of Service 1 hour
2020-2021			
2021-2022			
2022-2023			
2023-2024			
4. Home-Delive	ered Meal		Unit of Service = 1 meal
2020-2021	97,021	1	
2021-2022			
2022-2023			
2023-2024			
5. Adult Day Ca	are/Adult Day Health		Unit of Service = 1 hour
2020-2021			
2021-2022			
2022-2023			
2023-2024			
6. Case Manag	gement		Unit of Service = 1 hour
2020-2021			
2021-2022			
2022-2023			
2023-2024			
7. Assisted Tra	insportation	Unit	of Service = 1 one-way trip
2020-2021			
2021-2022			
2022-2023			
2023-2024			

	Title IIIB and Title IIIC - NAPIS (Continued)							
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)					
8. Congregate	Meals		Unit of Service = 1 meal					
2020-2021	71,748	1						
2021-2022								
2022-2023								
2023-2024								
9. Nutrition Cou	ınseling	Unit of Service	e = 1 session per participant					
2020-2021								
2021-2022								
2022-2023								
2023-2024								
10. Transportat	tion	Unit o	of Service = 1 one-way trip					
2020-2021								
2021-2022								
2022-2023								
2023-2024								
11. Legal			Unit of Service = 1 hour					
2020-2021	950	1,2						
2021-2022								
2022-2023 2023-2024								
12. Nutrition		Unit of Service	= 1 session per participant					
2020-2021	6,493	1						
2021-2022								
2022-2023								
2023-2024								
13. Information	and Assistance	l	Jnit of Service = 1 contact					
2020-2021	7, 461	1,2,3						
2021-2022								
2022-2023 2023-2024								
14. Outreach								
2020-2021	481	1,2,3	The state of the s					
2021-2022		.,-,~						
2022-2023								
2023-2024								

	45	T::: IIID O::						
	15. Title IIIB - Other							
Fiscal Year	Proposed Units of Service*	Goal Numbers	Objective Numbers (if applicable)					
Alzheimer's D	ay Care Services		Unit of Service = 1 day					
2020-2021	144	2	е					
2021-2022								
2022-2023								
2023-2024								
Public Informa	Public Information							
2020-2021	4	1	f					
2021-2022								
2022-2023								
2023-2024								
Community E	ducation		Unit of Service = 1 hour					
2020-2021	5	1	f					
2021-2022								
2022-2023								
2023-2024								

16. Title IIID Disease Prevention and Health Promotion							
Fiscal Year Proposed Units of Service* Goal Numbers Objective Numbers (if applicable							
Service Activi	Service Activities: Tai Chi for Arthritis Program Unit of Service = 1 session per participant						
2020-2021	1,400	1	j				
2021-2022							
2022-2023							
2023-2024							

Title IIIB and Title VIIA: Long-Term Care (LTC) Ombudsman Program Outcomes

As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities, with the goal of enhancing the quality of life and care of residents.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AOA).

The AAA establishes targets each year in consultation with the local LTC Ombudsman Program Coordinator using the yearly baseline data as a benchmark for determining yearly targets.

Outcome 1

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3)(5)].

Measures and Targets:

moded to differ full goto.				
A. Complaint Ro	esolution Rate			
(AoA Report, Part I-E, Actions on Complaints)				
1. FY 2018-2019 Baseline Resolution Rate (Numb number of partially resolved complaints _2 divided received _49 _ = Baseline Resolution Rate	•	81.6%		
F	Y 2020-2021 Target Resolution Rate	70%		
2. FY 2019-2020 Baseline Resolution Rate (Number of complaints resolved _ + number of partially resolved complaints _ divided by the total number of complaints received				
F	Y 2021-2022 Target Resolution Rate			
3. FY 2020-21 Baseline Resolution Rate (Number of partially resolved complaints _ divided by the tot = Baseline Resolution Rate	-			
F	Y 2022-2023 Target Resolution Rate			
4. FY 2021-22 Baseline Resolution Rate (Number of partially resolved complaints _ divided by the tot = Baseline Resolution Rate	•			
F	Y 2023-2024 Target Resolution Rate			
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e			

B. Work with Resident Councils					
(AoA Ro	eport	, Part III.D.8)			
1. FY 2018-19 Baseline: number of Residen	nt Cou	uncil meetings attended	73		
FY 2020-2021 Target					
2. FY 2019-20 Baseline: number of Resider	nt Co	ouncil meetings attended			
		FY 2021-2022 Target			
3. FY 2020-21 Baseline: number of Residen	nt Co	uncil meetings attended			
		FY 2022-2023 Target			
4. FY 2021-22 Baseline: number of Residen	nt Co	uncil meetings attended			
		FY 2023-2024 Target			
Program Goals and Objective Numb	oers:	1b, 2b, 2e, 3e			
		C. Work with Family Councils			
(AoA Re	eport	, Part III.D.9)			
1. FY 2018-2019 Baseline number of Far	mily	Council meetings attended	0		
FY 2020-2021 Target					
2. FY 2019-2020 Baseline number of Far	nily (Council meetings attended			
		FY 2021-2022 Target			
3. FY 2020-2021 Baseline number of Far	nily (Council meetings attended			
		FY 2022-2023 Target			
4. FY 2021-2022 Baseline number of Far	nily (Council meetings attended			
		FY 2023-2024 Target			
Program Goals and Objective Number	ers:	1b, 2b, 2c, 2e, 3e			
		D. Consultation to Facilities			
(AoA Rep	port,	Part III-D, #4)			
Count of instances of ombudsman represe purpose of providing general information Consultation may be accomplished by telephones.	and	assistance unrelated to a complaint.	r the		
Baseline: number of Consultations		Target			
1. FY 2018-2019 21	0	FY 2020-2021	150		
2. FY 2019-2020 FY 2021-2022					
3. FY 2020-2021		FY 2022-2023			
4. FY 2021-2022		FY 2023-2024			
Program Goals and Objective Numbers		1b, 2b, 2c, 2e, 3e			

E. Information and Consultation to Individuals

(AoA Report, Part III-D,5)

Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

Baseline: number of consultations	Target
FY 2018-2019 636	FY 2020-2021 500
FY 2019-2020	FY 2021-2022
FY 2020-2021	FY 2022-2023
FY 2021-2022	FY 2023-2024
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

F. Community Education

(AoA Report, Part III-D, #10)

LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

Baseline: number of sessions	Target
FY 2018-2019 13	FY 2020-2021 2
FY 2019-2020	FY 2021-2022
FY 2020-2021	FY 2022-2023
FY 2021-2022	FY 2023-2024
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e

G. Systems Advocacy

(AoA Report, Part III-D, #10)

1.FY 2020-2021 Activity: In narrative form, please provide at least one new priority systemic advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

The Long-Term Care Ombudsman Program will work with local facilities to strengthen communication opportunities, ensuring residents stay connected with those of their choosing; whether the communication desired is within or outside of the facility.

Outcome 2

Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]. Measures and Targets:

A. Skilled Nursing Facility (SNF) Coverage (other than in response to a complaint) (A0A Report, Part III.D.6) Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once. 1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 7 divided by the total 100% number of Nursing Facilities 7 = Baseline 100% FY 2020-2021 Target 80% 2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint_divided by the total number of Nursing Facilities = Baseline FY 2021-2022 Target 3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline FY 2022-2023 Target 4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint_divided by the total number of Nursing Facilities = Baseline % FY 2023-2024 Target Program Goals and Objective Numbers: 1b, 2b, 2c, 2e, 3e

A. Residential Care Facility for the Elderly (RCFE) Coverage (other than in response to a complaint)

(A0A Report, Part III.D.6)

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once

FY 2018-2019 Baseline: Number of RCFE in response to a complaint14divided = Baseline		73.7%
	FY 2020-2021 Target	100%
2. FY 2019-2020 Baseline: Number of RCFE vin response to a complaintdivided by the Baseline%	·	
	FY 2021-2022 Target	
3. FY 2020-2021 Baseline: Number of RCFE in response to a complaintdivided by t Baseline%		
	FY 2022-2023 Target	
4. FY 2021-2022 Baseline: Number of Nursin quarter not in response to a complaint		
	FY 2023-2024 Target	
Program Goals and Objective Numbers:	1b, 2b, 2e, 3e	

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers) (One FTE generally equates to 40 hours per week or 1,760 hours per year). Verify number of staff FTEs with Ombudsman Program Coordinator.

of staff FTEs with Ombudsman Program Coordinator.

Baseline: number of sessions

FY 2018-2019 1 FY 2020-2021 2

FY 2018-2019	1	FY 2020-2021	2
FY 2019-2020		FY 2021-2022	
FY 2020-2021		FY 2022-2023	
FY 2021-2022		FY 2023-2024	
Program Goals and Objective Numb	ers:	1b, 2b, 2e,3e	

D. Number of Certified LTC Ombudsman Volunteers		
(AoA Report Part III. B.2 Staff and Volunteers)		
FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers	2	
FY 2020-21 Projected Number of certified LTC Ombudsman volunteers	1	
FY 2019-20 Baseline: Number of certified LTC Ombudsman volunteers		
FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers		
FY 2021-22 Baseline: Number of certified LTC Ombudsman volunteers		
FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers		
FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers		
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers		
Program Goals and Objective Numbers: 1b, 2b, 2e, 3e		

Outcome 3

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)].

A. NORS Training

Measures and Targets:

At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by webinars or are done in-house by LTC Ombudsman Coordinator and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements

FY 2018-19 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV	2	FY 2020-2021 Target	2
FY 2019-20 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV		FY 2021-2022 Target	
FY 2020-21 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV		FY 2022-2023 Target	
FY 2021-22 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV		FY 2023-2024 Target	
Program Goals and Objective Numb	ers:	1b, 2b, 2e, 3e	

Title VIIB Elder Abuse Prevention Program

		Title VIII	B Elder Abu	se Prevention		
Fiscal Year	Public Education Sessions	Training Sessions for Professionals	Training Sessions for Caregivers served by Title III E	Hours Spent Developing a Coordinated System	Copies of Educational Materials to Be Distributed*	Total Number of Individuals Served
2020-2021		1		200	1000	1,150
2021-2022						
2022-2023						
2023-2024						

^{*} Description of Educational Materials: Trifold pamphlets on elder abuse prevention

Title IIIE Family Caregiver Support Program

CCR Article 3, Section 7300(d)

<u> </u>				
Services				
		000000		Objective
2021-22	2022-23	2023-24	Numbers	Numbers
			0	
			2	
Fiscal	l Year		Goal	Objective
		2023-24		Numbers
			0.0	
			2,3	
ervices				
	Fisca 2021-22 Fisca	Fiscal Year 2021-22 2022-23 Fiscal Year 2021-22 2022-23	Fiscal Year 2021-22 2022-23 2023-24 Fiscal Year 2021-22 2022-23 2023-24	Fiscal Year 2021-22 2022-23 2023-24 Numbers 2 Fiscal Year Goal Numbers 2 Fiscal Year Goal Numbers 2 2 2 2 2 3 4 2 2 3 4 5 7 7 8 8 8 9 9 9 9 9 9 9 9 9 9

Note: AAA received no applicants for Grandparents Raising Grandchildren services during previous RFP process.

Health Insurance Counseling and Advocacy Program (HICAP)

CCR Article 3, Section 7300(d)

MULTIPLE PSA HICAPs: If you are a part of a <u>multiple-PSA HICAP</u> where two or more AAAs enter into an agreement with one "Managing AAA," to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current SHIP PMs in late 2016, and continues to manage the PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multi-layered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine a Likert scale comparison model for setting National PM Targets that define the proportional penetration rates needed for statewide improvements.

Using ACL's approach, CDA HICAP calculates State and Federal Performance Measures with goal-oriented targets for each AAA's Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as "interactive" events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as "interactive"
- ➤ PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- ➤ PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with "hard-to-reach" Medicare beneficiaries designated as: PM 2.4a Low-income (LIS), PM 2.4b Rural, PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

HICAP Legal Services Units of Service (if applicable) ⁶

Section 11 Focal Points

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

Designated Comm	nunity Focal Points
Community Care Management Corp.	Middletown Senior Citizens, Inc.
301 S. State Street	PO Box 1037, 21256 Washington St.
Ukiah, CA 95482	Middletown, CA 95461
Legal Services of Northern California	Anderson Valley Senior Citizens, Inc.
421 Oak Street	PO Box 591; 14470 Highway 128
Ukiah, CA 95482	Boonville, CA 95415
Indian Senior Center	North Coast Opportunities, Inc.
425 N. State Street	413 N. State Street
Ukiah, CA 95482	Ukiah, CA 95482
Redwood Coast Seniors, Inc.	Live Oak Seniors, Inc.
490 N. Harold Street	PO Box 1389; 12502 Foothill Blvd.
Fort Bragg, CA 95437	Clearlake Oaks, CA 95423
Highlands Senior Service Center, Inc.	Ukiah Senior Center
PO Box 180; 3245 Bowers Road	499 Leslie Street
Clearlake, CA 95422	Ukiah, CA 95482
Coastal Seniors	Lakeport Senior Activity Center, Inc.
PO Box 437, 24000 S. Hwy1	527 Konocti Avenue
Point Arena, CA 95468	Lakeport, CA 95453
Willits Seniors, Inc.	Lucerne Alpine Seniors, Inc.
1501 Baechtel Road	PO Box 937; 3985 Country Club Drive
Willits, CA 95490	Lucerne, CA 95458
Round Valley Indian Senior Center	Kelseyville Seniors, Inc.
PO Box 448, 77826 Covelo Road	5245 Third Street
Covelo, CA 95428	Kelseyville, CA 95451
Senior Support Services PO Box 925, 9470 Mendenhall Upper Lake, CA 95485	

Section 12

Disaster Preparedness

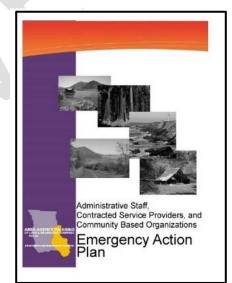
Disaster Preparedness Planning Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P).

 Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness

and response as required in OAA, Title III, Section 310:

PSA26AAA has produced an Emergency Action Plan (EAP) that applies to all staff, volunteers, contractors, vendors and others associated with the Area Agency on Aging of Lake & Mendocino Counties who have responsibilities to serve older adults, people with disabilities, and their caregivers during and after a disaster.

The plan is considered an annex to both the Lake and Mendocino Counties' Emergency Operations Plans. This plan follows guidelines established by federal and state agencies responsible for serving the needs of older adults, people with disabilities, and their caregivers.



2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Brentt Blaser Mendocino County Office of Emergency Services 951 Low Gap Road, Ukiah, CA 95482 (707) 463-5667 Dale Carnathan Lake County Office of Emergency Services 1220 Martin Street, Lakeport CA 95453 707-263-3450

3. Identify the Disaster Response Coordinator within the AAA:

PSA26AAA Program Coordinator, 707-995-4298

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How will they be delivered?
1. Information & Assistance	Collect and disperse information regarding the needs of the clients and the availability of services and supplies through PSA26AAA staff and volunteers, I&A service contractor and other service providers
2. Senior Nutrition	Maintain a continuity of services by coordinating the services of proximate contractors to meet the service need.
3. Family Caregiver Support	Service provider has a written plan to contact caregivers and offer necessary assistance.

An overriding principal of the PSA26AAA Emergency Action Plan is to maintain a continuity of services at a minimum level for older adult and family caregivers in Lake and Mendocino Counties. Special consideration will be placed on Senior Nutrition and Information & Assistance which are a vital part of response and recovery. In addition, efforts will be made to identify and map vulnerable populations. PSA26AAA's first priority after a disaster is to ensure that services to its clients and contract agencies continue or are restored as soon as possible. In order to help contract agencies receive assistance needed to continue operations, PSA26AAA staff will conduct an assessment of the status of provider staff, clients, and facilities' needs as soon as possible after a disaster. PSA26AAA staff will provide links to community resources to provide needed assistance.

After addressing the needs of the PSA26AAA's clients and programs, PSA26AAA staff may assist local emergency operations with specific emphasis on older adults and family caregivers.

Information & Assistance (I&A) contractor shall utilize the Resource Directory for Older Adults for emergency response agencies, providers, local community based organizations, media, senior and disabled service centers and PSA26AAA staff and volunteers to both collect and disperse information regarding the needs of the PSA26AAA clients and the availability of services and supplies to help meet those needs. Should the disaster damage the physical location of the contracted I&A Service (currently Community Care, 301 S. State St, Ukiah), an alternate I&A facility will be established. Information & Assistance Contact Numbers: Ukiah (707) 468-5132, Toll Free (800) 510-2020,

Email: IASpecialist@hotmail.com.

It is the responsibility of each service provider funded by the PSA26AAA with federal funds to have developed and implemented an Emergency Operations Plan. A provision of each plan is a section focusing on procedures to accommodate seniors, people with disabilities, and other community members in need in the event that other community facilities are inoperable.

The Emergency Coordinator for the PSA26AAA shall coordinate the activities of the providers so as to maximize the total resources of the PSA26AAA staff and its contracted service providers to maintain the continuity of services to the aged, disabled and their caregivers in the most effective manner. The Emergency Coordinator shall make contact with the directors of each provider within twenty-four hours of the disaster. At this time the PSA26AAA Emergency Coordinator will ascertain the operating status of each service provider and the extent to which each can contribute to the continuation of services to their clients, and to the population of the elderly, disabled and their caregivers residing in their service area.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

A requirement for emergency preparation and response procedures is included in the contracts for the following PSA26AAA providers:

Anderson Valley Senior Center, PO Box 591, 14470 Highway 128, Boonville CA 95415, 707-895-3609

Coastal Seniors, PO Box 437, 24000 S. Hwy 1, Point Arena, Point Arena CA 95468, 707-882-2137

Highlands Senior Center, PO Box 180, 3245 Bowers Road, Clearlake CA 95422, 707-994-3051

Lakeport Senior Center, 527 Konocti Avenue, Lakeport CA 95453, 707-263-4218

Live Oak Seniors, PO Box 1389, 12502 Foothill Blvd., Clearlake Oaks CA 95423 707-998-1950

Lucerne Alpine Seniors, PO Box 937, 3985 County Club Drive, Lucerne CA 95458, 707-274-8779

Middletown Senior Center, PO Box 1037, 21256 Washington Street, Middletown CA 95461, 707-987-3113

Redwood Coast Seniors, 490 N. Harold Street, Fort Bragg CA 95437, 707-961-4317

Community Care Management, 301 S. State Street, Ukiah CA 95482, 707-468-9347

North Coast Opportunities, 413 N. State Street, Ukiah CA 95482, 707-462-1954

Legal Services of Northern California, 421 Oak Street, Ukiah CA 95482, 707-462-1471

6. Describe how the AAA will identify vulnerable populations/follow-up with these vulnerable populations after a disaster event.

The PSA26AAA staff will work with local emergency agencies in developing a realistic plan to identify vulnerable populations within the PSA 26. Currently this information is compiled through services provided and only used in the event of a disaster. The I&A staff shall assist PSA26AAA by keeping track of the services being offered to disaster victims and to make sure that this information is widely spread among these persons living in the disaster areas. This information will be shared in a timely and easily understood manner.

PSA26AAA staff and volunteers will assist local organizations in an effort to provide information and assistance to individuals to apply for federal, state, county or private recovery services in a timely and correct manner. In addition, contracted service provider staff shall provide specialized services not only to aid their clients to obtain needed services, but also to alert them to possible unlawful and fraudulent activity that individuals and firms may be using to cheat persons trying to recover from the disaster. Special attention will be given to assist the frail, elderly, disabled, and isolated individuals who may have a difficult time in accessing, understanding, and successfully obtaining available assistance to help them recover from the disaster.

The PSA26AAA may seek additional funding to help provide needed service and supplies during the recovery period. Such funding and its use shall follow all appropriate federal, state, and local guidelines and regulations. No PSA26AAA funds will be expended for such purposes without explicit written directives from authorized state or federal agencies. These directives must include assurances that any agency funds spent in support of such directives will be reimbursed in a timely and complete manner.

The Director of the PSA26AAA must obtain appropriate approvals from the PSA26AAA Governing Board prior to the expenditure of any agency funds not already approved in the regular budget as part of PSA26AAA's annual contract with California Department of Aging.

Staff will contact selected agencies to help determine the extent of damage due to the disaster and to establish the kind and extent of emergency response services needed. This contact shall be made within the first 24 hours following the onset of the disaster.

Section 13 Priority Services

Priority Services: Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires that PSA26AAA allocates an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the Planning and Service Area (PSA). The annual minimum allocation is determined by the PSA26AAA through the planning process. The minimum percentages of applicable Title III B funds* listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

^{*} Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

Category of Service & Percentage of Title IIIB Funds Expended in/or to be Expended in FY 2020-2021 Through FY 2023-2024				
Access	2020-2021	2021-2022	2022-2023	2023-2024
Transportation, Assisted Transportation, Case Management, Information and Assistance, Comprehensive Assessment, Health, Mental Health and Public Information	57%			
In-Home Services	2020-2021	2021-2022	2022-2023	2023-2024
Personal Care, Homemaker, Chore, In- Home Respite, Adult Day/Health Care, Alzheimer's, Residential Repairs,/ Modifications, Respite Care, Telephone Reassurance, and Visiting	10.5%			
Legal Assistance Required Activities*	2020-2021	2021-2022	2022-2023	2023-2024
Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar	29%			

^{*} Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

Information and Assistance and Outreach Services remain an integral part of providing service in PSA26AAA. Title IIIB funds support a fully-staffed Information and Assistance Program provided by a community-based contractor. Additionally, the funds cover allocations provided to senior centers, which have a staff person designated for performing outreach in their community. The outreach program ensures maximum effort is made in reaching new clients who may be isolated and unable to go to the centers to access services. Setting this percentage at 57% ensures that funding allocated to these services will remain the largest part of our adequate proportion.

In-Home Services remain an important part of our IIIB funded services, however the cost of funding this service has increased tremendously in recent years. PSA26AAA will continue to provide Alzheimer's day care program support to our communities' caregivers.

Legal Assistance provides an essential component of the PSA26AAA safety net for seniors. Our legal service program not only provides advice and representation to individuals, but also supports the Ombudsman Program. Our legal service provider is an integral part of many planning and advisory groups across the PSA.

Section 14 Notice of Intent to Provide Direct Services

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an Area Agency on Aging (AAA) plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

	Title I	IIB			
	Check Applicable Direct Services	2020-2021	2021-2022	2022-2023	2023-2024
X	Information and Assistance	X	X	X	X
	Case Management				
	Outreach				
	Program Development				
X	Coordination	X	X	X	X
X	Long-Term Care Ombudsman	X	X	X	X
	Title I	IID			
	Disease Prevention and Health Promotion				
	Title I	IIE			
X	Information Services	X	X	X	X
	Access Assistance				
	Support Services				
	Title V	/IIA			
X	Long-Term Care Ombudsman	Χ	Χ	Х	Х
	Title V	/IIB			
X	Prevention of Elder Abuse, Neglect and Exploitation	Х	X	X	X

Describe the methods that will be used to assure that target populations will be served throughout the PSA.

PSA26AAA staff, Advisory Council and its contracted providers are committed to serving the target populations in Lake and Mendocino Counties. The target populations identified in this region include all frail, over 65, geographically-isolated, home-bound, low-income, ethnic minorities - primarily Latino and Native American elders and their caregivers.

Supporting our community focal points, through funding and technical assistance, is a primary focus. To this end, PSA26AAA strives to remain well informed of all regulations and programmatic requirements to offer the necessary technical assistance to contracted providers, so they can provide the best possible service to their communities.

Direct services provided by PSA26AAA will serve to support community-based providers, where the staffing will be funded for their coordination activities. PSA26AAA staff participate in a broad array of community groups - whether directly facilitating or as participants. Combining health promotion/disease prevention activities with fall prevention activities and coordination outreach activities PSA-wide ensures uniformity of program and maximizes the small amount of funding dedicated to this service.

Information and Assistance

As well as contracting for I&A services, PSA26AAA publishes a printed version of the Resource Directory for Older Adults as a direct service. Additionally, PSA26AAA staff referres community members to services available to them through through phone calls, email, and public community events.

Coordination

PSA26AAA plays a key role in facilitating communication amongst community service providers and representatives. The time spent performing this activity contributes to more efficient collaboration on program development, planning and elimination of redundant activities.

IIIE Caregiver Support

PSA26AAA provides a combination of coordination and direct outreach for all adults over 60 years of age. Including eligible family caregivers in these activities is a natural expansion of services provided directly by PSA26AAA. In this way, maximum effectiveness in coordination between our centralized Information and Assistance, contracted outreach and additional community outreach efforts is ensured.

Long Term Care Ombudsman

Placement of the Ombudsman Program within the Area Agency on Aging of Lake & Mendocino Counties creates a direct link with all other programs administered by the Lake County Department of Social Services and maximizes efforts dedicated to the prevention of elder abuse. This efficiency of organization along with support of the broader county infrastructure enables the program to continue in Lake and Mendocino Counties as the funding is inadequate for administration through a private non-profit

Section 15 Request for Approval to Provide Direct Services

Older Americans Act, Section 307(a)(8) CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may be for multiple funding sources for a specific service.

This section is used to request authorization to provide direct services for any programs and services not already included in Section 14. Notice of Intent to Provide Direct Services. DAS does not intend to request to directly provide any additional services directly.

☑ Check box if not requesting approval to provide any direct service

Funding	
IIIB	
IIIC1	
IIIC2	
IIIE	
VIIA	
HICAP	

F	iscal Year
	2020-2021
	2021-2022
	2022-2023
	2023-2024

Justification
Necessary to assure an adequate supply of service.
More cost effective if provided by the AAA than if purchased from a comparable service provider.

Section 16 Governing Board Membership

CCR Article 3, Section 7302(a)(11)

Total Governing Board Council Membership: 5					
Names/Titles of Officers	Term in Office Expires				
Kelsey Rivera, Chair, Mendocino County HHSA Representative	*				
Carol Huchingson, Vice-Chair, Lake County Social Services Representative	*				
Names/Titles of Other Members	Term in Office Expires				
Carre Brown, Member, Mendocino County Board of Supervisors	*				
Eddie Crandall, Member, Lake County Board of Supervisors	*				
Tina Scott, Alternate Member, Lake County Board of Supervisors	*				
Eileen Bostwick, Member at Large - Mendocino County	12/31/2021				

^{*} County appointed members hold office until Board of Supervisors of appointing County designates otherwise.

Section 17 Advisory Council Membership

OAA 2006 306(a)(6)(D), 45 CFR, Section 1321.57; CCR Article 3, Section 7302(a)(12)

Total Advisory Council Membership (including vacancies) : 10 Number of Council Members Over 60: 8							
Race/Ethnic Composition							
White 86.3% 100%							
Hispanic/Latino 6.75% 0%*							
Black	1.3%	0%*					
Asian/Pacific Islander	1.48%	0%*					
Native American/ Alaska Native	2.4%	0%*					
Other	1.8%	0%*					

^{*}Advisory Council is searching for race/ethnic diversity in filling vacant member positions.

Advisory Council Membership

Member	Term Expires	Low Income Representative	Disabled Representative	Supportive Services Provider Representativ	Health Care Provider Representativ	Family Caregiver Representative	Local Elected Official	Leadership Experience in private and voluntary sectors
Paul Branson President-Lake	01/21			X				X
Nancy Nanna Vice President-Mendocino	01/21			X		X		X
Janine Smith-Citron Secretary-Lake	05/22				Х			X
Vacant Member-Mendocino								
Vacant Member-Mendocino								
Lynn Schlapkohl Member-Lake	02/22						X**	X
Linda Schoeller-Boyle Member-Lake	05/22			Х	Х			X
Joan Walter Member- Mendocino	12/21			Х				Х
Vacant Member-Lake								
Vacant Member-Mendocino								

^{*} Senior Field Representative, Assemblyman Jim Wood **California Senior Legislature

Briefly describe the process designated by the local Governing Board to appoint Advisory Council members.

The Joint Powers Agreement (JPA) defines the makeup of the Advisory Council, in accordance with Older Americans Act guidelines. Council members represent both counties in the Planning and Service Area (PSA) (5 from each county). Staff and the Advisory Council publicize vacancies when applicable, interview potential candidates, and make recommendations to the Governing Board for appointment. Ethnic populations are targeted by word of mouth and sending information to ethnic organizations. The Governing Board appoints members to the Advisory Council.

Section 18

Legal Assistance

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Section must be documented on this form and remitted with Area Plan Updates.

1. Specific to Legal Services, what is your Area Agency on Aging's (AAA) Mission Statement or Purpose Statement? Statement must include Title III B requirements.

To ensure that the elderly of Lake and Mendocino Counties are afforded the legal rights and benefits necessary to live healthy, secure, and dignified lives with maximum autonomy and independence.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?

29% is set as a minimum allocation for adequate proportion, and current percentage of Title IIIB funding is 29%.

3. Specific to legal services, has there been a change in your local needs in the past four years. If so, please identify the change (include whether the change has affected the level of funding and the difference in funding levels in the past four years).

According to the quarterly statistical analysis, approximately 1/3 of the cases served have been concerning landlord- tenant issues. This statistic is consistant with the needs reflected in our most recent needs assessment survey. There is no need to change the current level of funding. Additionally Title IIIB funds have not been available to increase legal services.

4. Specific to legal services, does the AAA's contract/agreement with the Legal Services Provider (LSP) specify that the LSP is expected to use the California Statewide guidelines in the provision of OAA legal services?

Yes, the contract/agreement specifically states that the contractor shall implement the statutory provisions of the Title III Programs (OAA, Section 306) in accordance with State and federal laws and regulations.

5. Does the AAA collaborate with the Legal Services Provider to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your Planning and Service Area (PSA)?

Legal Services of Northern California collaborates with PSA 26 to focus on the following issues specific to our service population.

Advanced Health Care Directives, Planning for Incapacity Elder Abuse Consumer Rights Senior Scamming

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider to jointly identify th target population? Yes

7. Specific to Legal Services, what is the targeted senior population in your PSA and what mechanism is used for reaching the target population?

The target population is seniors (60+) with the greatest economic and social needs. A primary strategy for reaching targeted groups is the development of an extensive network of referral sources among programs, agencies and organizations serving the senior communities, resulting in many appropriate referrals of elders in economic or social need and those with homebound or minority status. Participation in Lake and Mendocino Counties multidisciplinary teams also results in referral of cases involving vulnerable elders. Coordination with services providers serving minority communities results in appropriate referrals of non-Caucasian clients.

8. How many legal assistance service providers are in your PSA? Complete table below.

Fiscal Year	# of Legal Assistance Service Providers
2020-2021	1
2021-2022	
2022-2023	
2023-2024	

9. Does your PSA have a hotline for legal services?

No

10. What methods of outreach are providers using? Discuss:

Legal Services of Northern California's (LSNC) extensive outreach activities include speaking engagements, newspaper articles, training events and participation in many senior-focused boards, committees, coalitions, and other community based organizations. These outreach activities have increased awareness and visibility of the program and encourage contact by service providers, elders, and persons involved in elder care and support.

11. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region Covered
2020-2021	Legal Services of Northern California	Lake and Mendocino Counties
2021-2022		
2022-2023		
2023-2024		

12. Discuss how older adults access legal services in your PSA:

Legal Services of Northern California (LSNC) operates from its Ukiah, Mendocino County office through an extensive network of service providers, outreach workers and other contacts throughout service area in Lake and Mendocino Counties. LSNC maintains a toll free telephone line so that elders in outlying areas may contact them without cost. Outreach events such as community education and training activities are conducted throughout the service area. LSNC is also accessible through fax and email.

13. Identify the major types of legal issues that are handled by the Title IIIB legal provider in your PSA. Discuss (please include new trends of legal problems in your area):

Legal Services of Northern California has established caseload priorities that focus the program's limited resources on cases that are most critical to the economic and social well being of elder clients in the PSA. Included in those priority areas are public benefits (health, income and supportive services), housing rights (especially where health and safety issues exist or where eviction is threatened), consumer protection (focused on unfair and deceptive practices targeting vulnerable elders), planning for incapacity and long-term care. These priorities have the effect of targeting services to elders with the greatest economic and social needs.

14. In the past four years, has there been a change in the type of legal issues handled by the Title IIIB legal provider(s) in your PSA? Discuss: See answer to question 3.

15. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

LSNC's primary strategy for making services accessible is their close, supportive relationship with their many partners. In cases where barriers are geographic, LSNC can use outreach workers, in-home health providers, social workers and other community-based service providers as referral sources, and in some cases, as LSNC's eyes, ears and legs. By providing legal backup to that community-based service provider, LSNC is often able to effectively meet a client's needs. LSNC relies on local service providers to assemble and fax relevant documents, and/or gather factual information necessary to assist the client. Other access strategies employed include use of a toll free telephone number so that clients in the entire service area can call without cost; use of foreign and sign language interpreters as needed, use of faxing facilities at all local senior centers and use of email access for clients and service providers who are online.

16. What other organizations or groups does your legal service provider coordinate services with? Discuss:

Legal Services of Northern California coordinates services with Multi-Senior Services Program (MSSP), home health programs, Lake and Mendocino Senior Service Centers, Lake and Mendocino Coordinating Care Committee, Lake and Mendocino IHSS Advisory Committees and Public Authorities, California Advocates for Nursing Home Reform, National Senior Citizens Law Center, Western Center on Law and Poverty, Ombudsman Program of Lake and Mendocino Counties, and HICAP.

Section 19

Multipurpose Senior Center (MPSC) Acquisition or Construction Compliance Review

CCR Title 22, Article 3, Section 7302(a)(15). 20-year tracking requirement.

х	No, Title III B funds have not been used for MPSC Acquisition or Construction.
	Yes, Title III B funds have been used for MPSC Acquisition or Construction

Section 20

Family Caregiver Support Program

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services - Older Americans Act Section 373(a) and (b)

Based on the Area Agency on Aging of Lake and Mendocino Counties' (PSA26AAA) review of the current support needs and services for family caregivers and grandparents (or other older relative of a child in the Planning and Service Area (PSA)), the following indicates what services the PSA26AAA intends to provide using Title IIIE and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

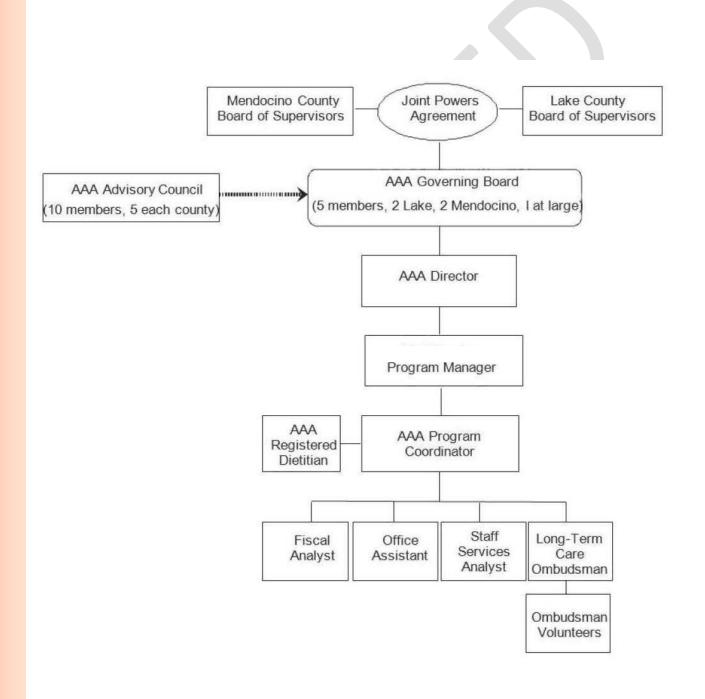
Family Caregiver Services							
	2020-2021	2021-2022	2022-2023	2023-2024			
Family Caregiver Information Services	Yes	Yes	Yes	Yes			
	Direct &	Direct &	Direct &	Direct &			
	Contracted	Contracted	Contracted	Contracted			
Family Caregiver	Yes			Yes			
Access Assistance	Contracted			Contracted			
Family Caregiver	Yes			Yes			
Support Services	Contracted			Contracted			
Family Caregiver	Yes	Yes	Yes	Yes			
Respite Care	Contracted	Contracted	Contracted	Contracted			
Family Caregiver Supplemental Services	No	No	No	No			

Justification: Family Caregiver Supplemental Services is not being provided strictly due to funding priorities. PSA26AAA chose to apply the IIIE funding we received towards the service categories that give us the most "bang for the buck" (Information Services, Access Assistance, Support Services and Respite Care). Supplemental servives in the form of meals are provided in our PSA through the senior centers. Please reference section ## for contact information in your area.

Grandparent Services							
2020-2021 2021-2022 2022-2023 202							
Grandparent Information Services	No	No	No	No			
Grandparent Access Assistance	No	No	No	No			
Grandparent Support Services	No	No	No	No			
Grandparent Respite Care	No	No	No	No			
Grandparent Supplemental Services	No	No	No	No			

Justification: We had no applicants for any Grandparent Services during our previous RFP process and it was not idendified as a need during our needs assessment. These services are NOT being provided by anyone else in the PSA. We will include it in our 2023 RFP process, and will work wiith California Department of Aging to improve awareness for this service.

Section 21 Organization Chart



Section 22

Older Americans Act Assurances

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging of Lake and Mendocino Counties (PSA26AAA) assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for Title III B to the planning and service area will be expended for the delivery of each of the following categories of services:

- (A) services associated with access to services such as transportation, health services (including mental health services), outreach, information and assistance, and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

2. OAA 306(a)(4)(A)(i)(I)

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited

English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in (aa) and (bb) above.

3. OAA 306(a)(4)(A)(ii)

Include in each agreement made with a provider of any service under this title, a requirement that such provider will:

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that:

- (i) identify individuals eligible for assistance under this Act, with special emphasis on:
- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to lowincome minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i) and the caretakers of such individuals of the availability of such assistance.

6. OAA 306(a)(4)(C)

Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307 (a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2010 in carrying out such a program under this title.

9.OAA 306(a)(11)

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency:
- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

B. Additional Assurances

area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in

and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

12. 306(a)(15)

Funds received under this title will be used:

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4) (A)(i); and
- (B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212.

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an

the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance:
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Corporation projects Services in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the Area Agency on Aging finding, after assessment. makes pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services, conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies, where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the Area Agency on Aging for each such planning and service area:

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include:
- (i) aking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability, in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination

- of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who:-
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an Area Agency on Aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the Area Agency on Aging shall be the

C. Code of Federal Regulations (CFR), Title 45 Requirements

leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency on aging shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated

community-based system described in paragraph (a) of this section shall:

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the Area Agency on Aging, under the Older Americans Act, are to be used to finance

those activities necessary to achievelelements of a community-based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure, that community leadership works with other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with, or access to other services and opportunities for the elderly, from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A 122.

CFR [1321.69(a)]

Persons age 60 and older, who are frail, homebound by reason of illness, or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

AREA AGENCY ON AGING OF LAKE & MENDOCINO COUNTIES PSA 26

LONG-TERM CARE OMBUDSMAN PROGRAM

16170 Main Street, Unit F, Lower Lake CA 95457 (707) 995-3744 (707) 994-2642 (fax) aaa@dss.co.lake.ca.us